

MEMORIAL COMMUNITY HOSPITAL LTC FACILITY
313 STOUGHTON ROAD

EDGERTON 53534 Phone: (608) 884-3441

Owned from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/03): 61

Total Licensed Bed Capacity (12/31/03): 61

Number of Residents on 12/31/03: 60

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 60

Non-Profit Corporation

Skilled

No

Yes

Yes

60

| Services Provided to Non-Residents | | Age, Gender, and Primary Diagnosis of Residents (12/31/03) | | | | Length of Stay (12/31/03) | | % |
|------------------------------------|----|--|-------|------------|-------|---------------------------------|--|------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 20.0 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | | 40.0 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 3.3 | More Than 4 Years | | 30.0 |
| Day Services | No | Mental Illness (Org./Psy) | 25.0 | 65 - 74 | 1.7 | | | ---- |
| Respite Care | No | Mental Illness (Other) | 11.7 | 75 - 84 | 25.0 | | | 90.0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 58.3 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 1.7 | 95 & Over | 11.7 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 5.0 | | ---- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 5.0 | | 100.0 | (12/31/03) | | |
| Other Meals | No | Cardiovascular | 21.7 | 65 & Over | 96.7 | ----- | | |
| Transportation | No | Cerebrovascular | 15.0 | | ----- | RNs | | 10.0 |
| Referral Service | No | Diabetes | 0.0 | Gender | % | LPNs | | 12.1 |
| Other Services | No | Respiratory | 6.7 | | ----- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 8.3 | Male | 36.7 | Aides, & Orderlies | | |
| Mentally Ill | No | | ---- | Female | 63.3 | | | |
| Provide Day Programming for | | | 100.0 | | ----- | | | |
| Developmentally Disabled | No | | | | 100.0 | | | |

Method of Reimbursement

| | | Medicare (Title 18) | | Medicaid (Title 19) | | Other | | Private Pay | | Family Care | | Managed Care | | | | | | Total Resi- dents | % Of All |
|----------------------|-----|------------------------|---------------------|------------------------|-------|---------------------|-----|----------------|---------------------|----------------|-------|---------------------|-----|-----|---------------------|-----|-----|-------------------------|----------------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Skilled Care | 1 | 100.0 | 234 | 39 | 100.0 | 120 | 0 | 0.0 | 0 | 20 | 100.0 | 165 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 60 100.0 |
| Intermediate | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Total | 1 | 100.0 | | 39 | 100.0 | | 0 | 0.0 | | 20 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | 60 | 100.0 |

| ***** | | | | | | |
|--|------|--|-------------|--------------------------------------|-----------|-----------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 | | | | |
| | | ----- | | | | |
| Percent Admissions from: | | Activities of | % | % Needing Assistance of | % Totally | Total Number of |
| Private Home/No Home Health | 4.7 | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 7.0 | Bathing | 0.0 | 83.3 | 16.7 | 60 |
| Other Nursing Homes | 14.0 | Dressing | 0.0 | 90.0 | 10.0 | 60 |
| Acute Care Hospitals | 58.1 | Transferring | 23.3 | 63.3 | 13.3 | 60 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Toilet Use | 21.7 | 43.3 | 35.0 | 60 |
| Rehabilitation Hospitals | 11.6 | Eating | 76.7 | 6.7 | 16.7 | 60 |
| Other Locations | 4.7 | ***** | | | | |
| Total Number of Admissions | 43 | Continence | % | Special Treatments | % | |
| Percent Discharges To: | | Indwelling Or External Catheter | 10.0 | Receiving Respiratory Care | 6.7 | |
| Private Home/No Home Health | 7.5 | Occ/Freq. Incontinent of Bladder | 33.3 | Receiving Tracheostomy Care | 0.0 | |
| Private Home/With Home Health | 15.0 | Occ/Freq. Incontinent of Bowel | 10.0 | Receiving Suctioning | 0.0 | |
| Other Nursing Homes | 5.0 | | | Receiving Ostomy Care | 1.7 | |
| Acute Care Hospitals | 2.5 | Mobility | | Receiving Tube Feeding | 1.7 | |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Physically Restrained | 16.7 | Receiving Mechanically Altered Diets | 30.0 | |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 2.5 | Skin Care | | Other Resident Characteristics | | |
| Deaths | 67.5 | With Pressure Sores | 8.3 | Have Advance Directives | 100.0 | |
| Total Number of Discharges | | With Rashes | 0.0 | Medications | | |
| (Including Deaths) | 40 | | | Receiving Psychoactive Drugs | 58.3 | |

| ***** | | | | | |
|---|---------------|---------------------------------|----------------|-------|-------|
| Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities | | | | | |
| ***** | | | | | |
| | This Facility | Other Hospital-Based Facilities | All Facilities | | |
| | % | % | Ratio | % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 98.4 | 90.1 | 1.09 | 87.4 | 1.13 |
| Current Residents from In-County | 100.0 | 83.8 | 1.19 | 76.7 | 1.30 |
| Admissions from In-County, Still Residing | 41.9 | 14.2 | 2.96 | 19.6 | 2.13 |
| Admissions/Average Daily Census | 71.7 | 229.5 | 0.31 | 141.3 | 0.51 |
| Discharges/Average Daily Census | 66.7 | 229.2 | 0.29 | 142.5 | 0.47 |
| Discharges To Private Residence/Average Daily Census | 15.0 | 124.8 | 0.12 | 61.6 | 0.24 |
| Residents Receiving Skilled Care | 100.0 | 92.5 | 1.08 | 88.1 | 1.14 |
| Residents Aged 65 and Older | 96.7 | 91.8 | 1.05 | 87.8 | 1.10 |
| Title 19 (Medicaid) Funded Residents | 65.0 | 64.4 | 1.01 | 65.9 | 0.99 |
| Private Pay Funded Residents | 33.3 | 22.4 | 1.49 | 21.0 | 1.59 |
| Developmentally Disabled Residents | 0.0 | 1.2 | 0.00 | 6.5 | 0.00 |
| Mentally Ill Residents | 36.7 | 32.9 | 1.12 | 33.6 | 1.09 |
| General Medical Service Residents | 8.3 | 22.9 | 0.36 | 20.6 | 0.41 |
| Impaired ADL (Mean)* | 47.0 | 48.6 | 0.97 | 49.4 | 0.95 |
| Psychological Problems | 58.3 | 55.4 | 1.05 | 57.4 | 1.02 |
| Nursing Care Required (Mean)* | 6.0 | 7.0 | 0.86 | 7.3 | 0.82 |